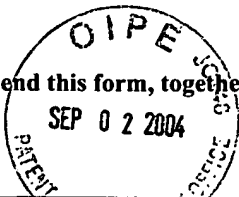


**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
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026418 7590 06/03/2004

**REED SMITH, LLP  
ATTN: PATENT RECORDS DEPARTMENT  
599 LEXINGTON AVENUE, 29TH FLOOR  
NEW YORK, NY 10022-7650**

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Ruth Montalvo	(Depositor's name)
<i>Ruth Montalvo</i>	(Signature)
September 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/786,963	03/12/2001	Mamoru Miyamori	JG-SU-5047/5	8292

TITLE OF INVENTION: SMOKING METHOD AND APPARATUS THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
YEUNG, GEORGE CHAN PUI	1761	426-235000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Reed Smith LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Unirex Co., Ltd.

Hokkaido, JAPAN

Japan Science and Technology Corporation

Saitama, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent);

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9.00 DA

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